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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	Frank P68/500578.20072
First Named Inventor	Barry J. Lipsky
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SECURE PORTABLE ELECTRONIC REFERENCE DEVICE

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

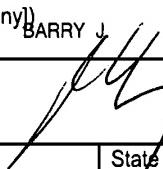
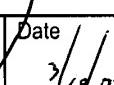
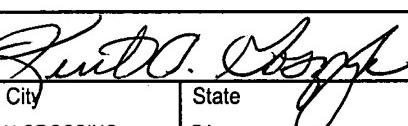
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

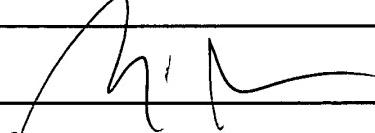
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 026418 OR <input type="checkbox"/> Correspondence address below			
Name STEPHEN M. CHIN - REED SMITH LLP			
Address 599 LEXINGTON AVENUE			
City NEW YORK	State NY	ZIP 10022	
Country US	Telephone 212-521-5400	Fax 212-521-5450	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) BARRY J		Family Name or Surname LIPSKY	
Inventor's Signature 		Date 	
Residence: City PRINCETON	State NJ	Country US	Citizenship US
Mailing Address 2 BRIARWOOD COURT			
City PRINCETON	State NJ	ZIP 08550	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) KURT		Family Name or Surname GOSZYK	
Inventor's Signature 		Date	
Residence: City WASHINGTON CROSSING	State PA	Country US	Citizenship US
Mailing Address 17 LOOKOUT LANE			
City WASHINGTON CROSSING	State PA	ZIP 18977	Country US
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>2</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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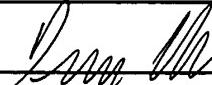
DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
		Page 1 of 2	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
EDWARD		SKLADANY	
Inventor's Signature 			Date 3/15/2004
HOPEWELL Residence: City	NJ State	US Zip	US Country
38 COLUMBIA AVENUE Mailing Address			
Mailing Address			
HOPEWELL City	NJ State	08525 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
GREGORY		WINSKY	
Inventor's Signature 	Date		
MEDFORD Residence: City	NJ State	US Zip	US Country
16 PINEY RUN ROAD Mailing Address			
Mailing Address			
MEDFORD City	NJ State	08055 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)		Family Name or Surname	
DUANE		ELLIS	
Inventor's Signature 			Date MAR CH 23-2004
Medford Residence: City	NJ State	US Country	US Citizenship
206 Pine Blvd. Mailing Address			
Mailing Address			
Medford City	NJ State	08055 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)		Family Name or Surname	
JAN		EDLER	
Inventor's Signature 	Date 3-23-03		
PLAINSBORO Residence: City	NJ State	US Country	US Citizenship
11 WETHERSFIELD DRIVE Mailing Address			
Mailing Address			
PLAINSBORO City	NJ State	08536 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Barry Lipsky
Title	SECURE PORTABLE ELECTRONIC REFERENCE DEVICE
Art Unit	
Examiner Name	
Attorney Docket Number	Frank P68/500578.20072

I hereby appoint:

 Practitioners associated with the Customer Number:

026418

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

Firm or Individual Name **STEPHEN M. CHIN**

Address

Address

City

State

Zip

Country

Telephone

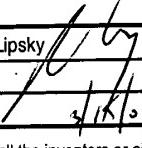
Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of RecordName **Barry Lipsky**Signature Date **4/1/04**

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of **6** forms are submitted.

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OR

 The address associated with Customer Number:

OR

 Firm or Individual Name

STEPHEN M. CHIN

 Address Address City

State

Zip

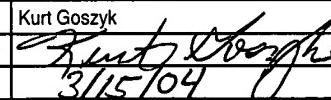
 Country Telephone

Fax

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Name Signature Date Telephone

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OR

 The address associated with Customer Number:

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	STEPHEN M. CHIN
Address		
Address		
City	State	Zip
Country		
Telephone	Fax	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	Ed Skladany	
Signature	<i>Ed Skladany</i>	
Date	3/15/2004	Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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 The address associated with Customer Number:

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<input checked="" type="checkbox"/>	Firm or Individual Name	STEPHEN M. CHIN
Address		
Address		
City	State	Zip
Country		
Telephone	Fax	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
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SIGNATURE of Applicant or Assignee of Record

Name Gregory J. WinskySignature Date 3/15/04Telephone

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Examiner Name	
Attorney Docket Number	Frank P68/500578.20072

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Practitioners associated with the Customer Number:

026418

OR



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The address associated with Customer Number:

OR



Firm or Individual Name

STEPHEN M. CHIN



Address



Address



City

State

Zip



Country



Telephone

Fax

I am the:



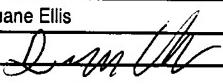
Applicant/inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Duane Ellis		
Signature	 609-386-2500 x4918		
Date	MARCH 23-2009	Telephone	856-988-7165

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

<input checked="" type="checkbox"/>	*Total of <u>4</u> forms are submitted.
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Attorney Docket Number	Frank P68/500578.20072

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OR



The address associated with Customer Number:

--

OR



Firm or Individual Name

STEPHEN M. CHIN



Address



Address



City

State

Zip



Country



Telephone

Fax

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Jan Edler
Signature	
Date	3-23-03
Telephone	

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